



RECREATION DEPARTMENT

The Heart of the Neighborhood

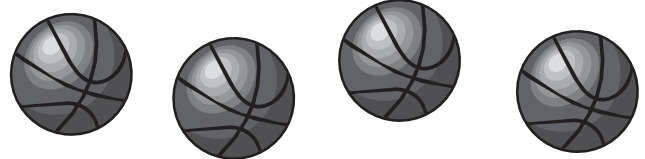
www.chulavistaca.gov/rec



YOUTH COED

BASKETBALL

LEAGUE





BASKETBALL



FILL OUT COMPLETELY - PLEASE PRINT

Does the participant require special accommodations for a successful experience?
Yes _____ No _____

READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

If a copy has been submitted in the past,